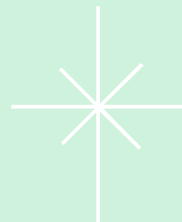# Instructions

Form CMS-3070 G

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION
SURVEY REPORT

1. Name of Facility	2. Street Address	3. City and/or County	4. State	5. ZIP Code

6. Medicaid Provider No.	7. Name of CEO	8. Telephone No.
		W1

9. State/Region code	10. State/County code	11. Dates of Survey (Begin)	(End)
W2	W3	Month / Day / Year W4	Month / Day / Year W5

12. Type of Ownership or Control (enter number in box below)
   1. Private (non-profit)   3. State   5. County   7. Other (specify) _____
   2. Private (proprietary)   4. City/Town   6. City/County   W6

13. Is this ICF/MR a distinct part of a Hospital, SNF or NF?	14. If "Yes" to block 13, indicate either
☐ Yes ☐ No	A. Hospital Provider No. ....
	B. SNF Provider No. ....
W7	C. NF Provider No. W8

Survey Information

Survey Begin Date **(W4) =** It is the start date of the standard Health survey. W4 can be completed by the facility or the survey team.

Survey End Date **(W5) =** It is the exit date of the standard Health survey. W5 is completed by the survey team.

Type of Ownership Control **(W6) =** Select the category that best describes the type of organization that owns the provider. If Other, specify the ownership type.

Is the ICF/MR a distinct part of a Hospital, SNF or NF? **(W7) =** Yes/No.

Hospital, SNF, NF Provider Number **(W8) =** Complete only if W7 is Yes. You can only select one provider type.

Survey Team Composition

15. Survey Team Composition

Column 1: Indicate the number of disciplines represented on the Survey team.

Column 2: Of the number in column 1 represented on the Survey team, indicate the number who also qualify as a QMRP. Indicate Name(s) and Title(s) on last page of this form.

	W9	W10
A. Administrator		
B. Nurse		
C. Dietitian		
D. Pharmacist		
E. Records Administrator		
F. Social Worker		
G. LSC Specialist		
H. Laboratorian		
I. Sanitarian		
J. Therapist		
K. Physician		
L. Psychologist		
M. Other (specify) _____		
N. Total number of Surveyors onsite W11		
O. Total number of QMRP Surveyors onsite W12		

Note: W9 through W12 are completed by the survey team.

W9 = This column counts only non-QMRP surveyors.

W10 = This column counts only QMRP surveyors.

Total Number of Surveyors onsite **(W11) =** This totals the values in columns W9 and W10 for all categories.

Total number of QMRP Surveyors onsite **(W12) =** This totals the values in column W10 for all categories.

Facility Data

A. Is this ICF/MR a residential unit within a larger organization or agency in the state that provides the residential services to persons with mental retardation? **(W13) =** Select Yes if is this ICF/MR is part of a larger organization or agency in the state that provides the residential services to persons with mental retardation.

B. If "Yes," indicate name and address of larger organization. If W13 is Yes, enter the name, address, city, state abbreviation, Zip Code and CEO name of the larger organization.

Facility Data continued

Total Number of Beds **(W14) =** If W13 is Yes, enter the total number of beds in the larger organization, including any beds for this ICF/MR.

Total Number of Clients **(W15) =** If W13 is Yes, enter the total number of clients for the larger organization, including any clients for this ICF/MR.

Total Number of ICF/MR clients **(W16) =** Enter the total number of clients for this ICF/MR.

Is the ICF/MR community based? **(W17) =** Yes/No. Select Yes if the ICF/MR is community based.

Facility Data continued

Total number of ICF/MR beds under this Provider Number **(W18) =** Enter the total number of beds for this ICF/MR.

Total number of discrete living units under this Provider Number **(W19) =** Enter the total number of discrete living units for this provider.

Age Range of Clients served from **(W20) =** Enter the age of the youngest resident served by this provider.

Age Range of Clients served to **(W21) =** Enter the age of the oldest resident served by this provider.

Total number of off-campus day program sites used by ICF/MR clients **(W22) =** Enter the total number of off-campus day program sites used by clients of this provider.

17. Staffing: List the full time equivalents who function in this capacity:

A. Direct Care Personnel w23
   (483.430(d)(3)) ....

B. Registered Nurse w24
   (483.480(d)(3)) ....

C. Licensed Voc./Practical Nurse w25
   (483.480(d)(2)) ....

D. Total Personnel (w26)............
   (List the Full Time Equivalent for all employees)

Staffing: Enter the full time equivalents for personnel in the listed categories.

Direct Care Personnel **(W23) =** Enter the full time equivalent Direct Care Personnel.

Registered Nurse **(W24) =** Enter the full time equivalent Registered Nurses at this provider.

Licensed Vocational Practical Nurse **(W25) =** Enter the full time equivalent Licensed Vocational Practical Nurses at this provider.

Total personnel **(W26) =** Must be equal to or greater than the sum of fields W23, W24, and W25.

18. Off-Campus Day Programs:

A. How many clients in the sample attend off-campus day programs? .... W27 □□□

B. In how many off-campus day program sites was an observation done by the Surveyor? .... W28 □□□

Off-Campus Day Programs

Note: W27 and W28 are completed by the survey team.

How many clients in the sample attend off-campus day programs? **(W27) =** Enter the number of clients in the sample that attend off-campus day programs.

In how many off-campus day program sites was an observation done by the Surveyor? **(W28) =** Enter the number of off-campus day program sites where an observation was done by a surveyor?

(1) Age	
under 22 (a)	W29
22-45 (b)	W30
46-65 (c)	W31
66+ (d)	W32
Total	W33

Age

Under 22 **(W29) =** Enter the number of clients under 22 years of age.

22-45 **(W30) =** Enter the number of clients at least 22 years of age but not older than 45 years of age.

46-65 **(W31) =** Enter the number of clients at least 46 years of age but not older than 65 years of age.

66 + **(W32) =** Enter the number of clients at least 66 years of age

Total Residents **(W33) =** This is the total of W29, W30, W31, and W32.

(2) SEX	
Male	W34
Female	W35
	Total W36

Gender

Male **(W34) =** Enter the number of male clients.

Female **(W35) =** Enter the number of female clients.

Total **(W36) =** This is the total of W34 and W35.
This number must equal W33.

Disabilities

B. DISABILITIES

(1) Mental Retardation

Mild	W37
Moderate	W38
Severe	W39
Profound	W40
Total	W41

Mild **(W37) =** Enter the number of clients with mild mental retardation.

Moderate **(W38) =** Enter the number of clients with moderate mental retardation.

Severe **(W39) =** Enter the number of clients with severe mental retardation.

Profound **(W40) =** Enter the number of clients with profound mental retardation.

Total **(W41) =** This is the total of W37, W38, W39, and W40. This total cannot exceed W33.

Disabilities continued

Autism **(W42) =** Enter the number of clients with autism. Autism is a diagnosis whereby the individual exhibits extreme forms of self-injurious, repetitive, aggressive, or withdrawal behaviors; extremely inadequate social relationships; or extreme language disturbances. If entered, this number must be greater than zero but cannot exceed W33.

(3) Cerebral Palsy

Disabilities continued

Cerebral Palsy **(W43) =** Enter the number of clients with cerebral palsy. Cerebral palsy is a diagnosed condition whereby gross and fine movements and speech clarity of the individual may be impaired but performance of activities of daily living is functional; or, the individual is unable to perform adequately activities of daily living such as walking, using hands, or using speech for communication. If entered, this number must be greater than zero but cannot exceed W33 or W36 from the Age and Gender section.

(4) Epilepsy	
Controlled	W44
Uncontrolled	W45
	Total W46

Disabilities continued

Controlled **(W44) =** Enter the number of clients with controlled epilepsy. Epilepsy is a neurological disorder characterized by seizures of motor and sensory movements.

Uncontrolled **(W45) =** Enter the number of clients with uncontrolled epilepsy.

Total **(W46) =** This is the total of W45 and W46. This total cannot exceed W33.

C. OTHER DISABILITIES

(1) Non-ambulatory

Mobile	W47
Non-Mobile	W48
Total	W49

Other Disabilities

Mobile **(W47) =** Enter the number of clients who are mobile, non-ambulatory (mobile non-ambulatory means unable to walk independently, but able to move from place to place with the use of such devices as walkers, crutches, wheelchairs, and wheeled platforms).

Non-Mobile **(W48) =** Enter the number of clients who are non-mobile, non-ambulatory (non-mobile means unable to move from place to place and non-ambulatory means unable to walk independently).

Total **(W49) =** This is the total of W47 and W48. This total cannot exceed W33.

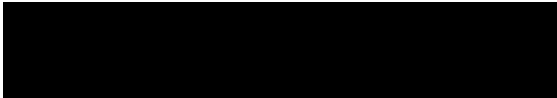|	
(2) Speech/Language Impairment	W50
(3) Hearing Impairment	
Hard of Hearing	W51
Deaf	W52
██████████████ Total	W53

Other Disabilities continued

Speech/Language Impairment **(W50) =** Enter the number of clients who are speech and/or language impaired.

Hard of Hearing **(W51) =** Enter the number of clients who are hard of hearing (hard of hearing means able to hear speech, including with amplification).

Deaf **(W52) =** Enter the number of clients that are deaf (deaf means unable to hear speech even with amplification).

Total **(W53) =** This is the total of W51 and W52. This total cannot exceed W33.

(4) Visual Impairment

Impaired		W54
Blind		W55
	Total	W56

Other Disabilities continued

Impaired **(W54) =** Enter the number of clients who are visually impaired (impaired vision means able to see objects, with correction).

Blind **(W55) =** Enter the number of clients who are blind (blind means unable to see objects).

Total **(W56) =** This is the total of W54 and W55. This total cannot exceed W33 or W36 from the Age and Gender section.

D.   MEDICAL CARE PLAN

W57

E.   DRUGS TO CONTROL BEHAVIOR

W58

Other Individual Characteristics

Medical Care Plan **(W57) =** Enter the number of clients with medical care plans. If entered, this number must be greater than zero but cannot exceed W33.

Drugs to Control Behavior **(W58) =** Enter the number of clients who need drugs to control their behavior. If entered, this number must be greater than zero but cannot exceed W33.

F. PHYSICAL RESTRAINTS	W59
G. TIME-OUT ROOMS	W60
H. APPLICATION OF PAINFUL OR NOXIOUS STIMULI	W61

Other Individual Characteristics continued

Physical Restraints **(W59) =** Enter the number of clients physically restrained (belt, vest, cuffs, etc.) If entered, this number must be greater than zero but cannot exceed W33.

Time-out Rooms **(W60) =** Enter the number of clients with use of time-out rooms for behavior modification included in their active treatment plan. If entered, this number must be greater but cannot exceed W33.

Application of Painful or Noxious Stimuli **(W61) =** Enter the number of clients who require application of painful or noxious stimuli. If entered, this number must be greater than zero but cannot exceed W33.

| I. | NUMBER ATTENDING OFF-CAMPUS DAY PROGRAMS | W62 |
| J. | NUMBER OF COURT ORDERED ADMISSIONS | W63 |

Other Individual Characteristics continued

Number Attending Off-campus Day programs **(W62) =** Enter the number of clients who attend off-campus day programs. If entered, this number must be greater than zero but cannot exceed W33. W62 represents all clients, not just those on sample as identified at W27.

Number of Court Ordered Admissions **(W63) =** Enter the number of clients who are court ordered admissions. If entered, this number must be greater than zero but cannot exceed W33.

K.	NUMBER OF CLIENTS OVER AGE 18 WITH A LEGAL GUARDIAN ASSIGNED BY THE COURT	W64
L.	OTHER *(specify)*	
(1)		W65
(2)		W66
(3)		W67

Other Individual Characteristics continued

Number of Clients Over Age 18 with a Legal Guardian Assigned by the Court **(W64) =** Enter the number of clients over age 18 with a legal guardian assigned by the Court.

Other (Specify) **(W65, W66, W67) =** You may enter up to three additional Individual characteristics and the client count, if needed.

M. ALLEGATIONS OF ABUSE AND NEGLECT

no. of allegations of abuse investigated (a)	W68
no. of allegations of neglect investigated (b)	W69
Total	W70

Allegations of Abuse and Neglect

Number of allegations of abuse investigated (a) **(W68) =** Enter the number of abuse allegations investigated.

Number of allegations of neglect investigated (b) **(W69) =** Enter the number of neglect allegations investigated.

Total **(W70) =** This is the total of W68 and W69.

N. NUMBER OF DEATHS

no. of deaths related to unusual incidents (a) **W71**

no. of deaths related to restraints (b) **W72**

no. of deaths for any reason (c) **W73**

Total **W74**

Number of Deaths

Number of deaths related to unusual incidents (a) **(W71) =** Enter the number of deaths related to unusual incidents.

Number of deaths related to restraints (b) **(W72) =** Enter the number of deaths related to restraints.

Number of deaths related to any reason (c) **(W73) =** Enter the number of deaths for reasons not listed above.

Total **(W74) =** This is the total of W71, W72, and W73.